

Dr. Schoverling

DANIEL GORDON WALKER, D.D.S., M.D., M.Sc.

Oral and Maxillofacial Surgery

1223 HERMANN PROFESSIONAL BLDG.

HOUSTON, TEXAS 77025

Telephone JA. 6-1529

DEAR

Dub

THANK YOU FOR REFERRING

Jeff Konen

REGARDING

Imp 3rd molars

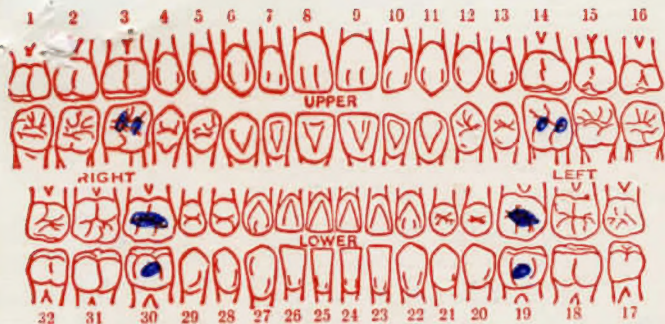
REMARKS

Will do just as

soon as he graduates -

SINCERELY YOURS

Gordon



Name Konen, Jeff
 Address 3635 Glen Haven
 Telephone 3118 Underwood
 Reference H. J
 Estimate _____

DATE	NO.	DESCRIPTION	TIME	DEBIT	CREDIT		BALANCE
					DATE	AMOUNT	
11-28-58		#24 $\frac{1}{2}$, #25 $\frac{1}{2}$ - Ext		6 00			6 00
12-5-58		#20 $\frac{1}{2}$ - O - Am		8 00			14 00
					1-19-59	14 00	—
8-25-59		Propy laxer		5 00			
		#29 $\frac{1}{2}$ - O - Am		8 00			13 00
					9-2-59	13 00	—
11-1-60		#3-02 - am		6 00			
		#14-02 - am		6 00			

DATE	NO.	DESCRIPTION	TIME	DEBIT	CREDIT			BALANCE
					DATE	AMOUNT		
		Propoxy laxis		5 00				17 00
					12-8-60	17 00		—
7-27-62		Propoxy laxis		6 00				6 00
7-30-62					8-21-62	6 00		—
12-24-62		Trenectomy		25 00				25 00
12-28-62					1-18-63	25 00		—
7-18-63		Propoxy laxis		6 00				6 00
7-29-63		#19.0 + E - am		10 00				
		#30.0 + E - am		10 00				26 00
8-1-63					9-14-63	26 00		—
8-29-63								
9-28-63								
10-4-63		1 X-ray		3 00				3 00
10-29-63					11-13-63	3 00		—
7-22-64		Propoxy laxis		7 00				7 00
2-27-64								



DECIDUOUS



ESTIMATE

REFERENCE

NAME

Jeff Koren

PHONE

ADDRESS

3118 Underwood.

DATE	NO.	DESCRIPTION	TIME	DEBIT	CREDIT		BALANCE
					DATE	AMOUNT	
8-5-64		#1 $\frac{1}{2}$, #10 $\frac{1}{2}$ ext.		10 $^{\circ}$			7 $^{\circ}$
					8-17-64	8 $^{\circ}$	17 $^{\circ}$
8-26-64	St.				9-9-64	9 $^{\circ}$	9 $^{\circ}$
8-2-65		Prophyllaxis		7 $^{\circ}$			
		#2 O, am		6 $^{\circ}$			
		#15, O, am		6 $^{\circ}$			19 $^{\circ}$
8-6-65		#5, #12, #20, #29, Ext.		40 $^{\circ}$			59 $^{\circ}$
8-26-65	St.				9-16-65	59 $^{\circ}$	
6-28-65		Oral Exam		3 $^{\circ}$			3 $^{\circ}$
7-15-66					7-25-66	3 $^{\circ}$	
6-9-67		#18, O, am e anes+dyeal		10 $^{\circ}$			10 $^{\circ}$
					7-10-67	10 $^{\circ}$	

DATE	NO.	DESCRIPTION	TIME	DEBIT	CREDIT		
					DATE	AMOUNT	BALANCE
7-23-68		Prophyllaxis.		10 ⁰⁰			10 ⁰⁰
7-25-68	SV				9-4-68	10 ⁰⁰	0
8-26-68	SV						
8-28-69		Prophyllaxis.		12 ⁰⁰			
9-2-69		#14. I, Am, e Anes		8 ⁰⁰			
		#15 O, Am e Anes		8 ⁰⁰			
		#31. O am e ^{one} dycal		15 ⁰⁰			43 ⁰⁰
9-8-69		#2. O, am e Anes		10 ⁰⁰			53 ⁰⁰
					9-19-69	12 ⁰⁰	41 ⁰⁰
9-25-69	SV				10-14-69	41 ⁰⁰	0

W. J. SCHOVERLING, D.D.S., M.S.D.
PRACTICE LIMITED TO ORTHODONTICS
3931 ESSEX LANE — MOHAWK 5-7400
ESSEX PROFESSIONAL BUILDING
HOUSTON 27, TEXAS

8-21 1965

Please take _____ to your dentist and have the teeth indicated below extracted.

Jeff Korman

UPPER LEFT

UPPER RIGHT



DECIDUOUS
TEETH



DECIDUOUS
TEETH



LOWER LEFT

LOWER RIGHT

Mamie Shanks, D.D.S.

W. J. SCHOVERLING, D.D.S.
PRACTICE LIMITED TO ORTHODONTICS
3931 ESSEX LANE — 621-3155
HOUSTON, TEXAS 77027

5-5-70

19

Please take _____ to your dentist and have the teeth indicated below extracted.

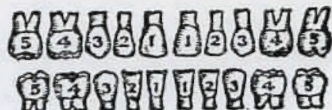
Jeff Hanna

UPPER LEFT

UPPER RIGHT



DECIDUOUS
TEETH



DECIDUOUS
TEETH



LOWER LEFT

LOWER RIGHT

Wanna Hanna

W. J. SCHOVERLING, D.D.S., M.S.D.
 PRACTICE LIMITED TO ORTHODONTICS
 3931 ESSEX LANE — MOHAWK 5-7400
 ESSEX PROFESSIONAL BUILDING
 HOUSTON 27, TEXAS

8-11 1965

Please take _____ to your dentist and have the teeth indicated below extracted.

Jeff Koun

UPPER LEFT

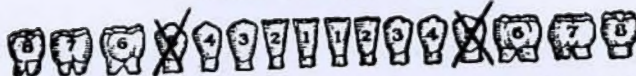
UPPER RIGHT



DECIDUOUS
TEETH



DECIDUOUS
TEETH



LOWER LEFT

LOWER RIGHT

Mama Shanks, Dad

W. J. SCHOVERLING, D.D.S., M.S.D.

PRACTICE LIMITED TO ORTHODONTICS

3931 ESSEX LANE MOHAWK 5-7400

ESSEX PROFESSIONAL BUILDING

HOUSTON 27, TEXAS

October 12, 1965

Mr. H. J. Konen
3118 Underwood
Houston, Texas

Dear Mr. Konen:

As is my custom, I am sending this memorandum of the financial arrangement for the treatment of the malocclusion of **Jeff's** teeth, that you may have it for future reference.

The fee for the active treatment will be **\$850.00** with an initial payment of **\$100.00**, and **\$25.00** each month until the entire amount has been paid. There will be an additional fee should the patient require extended treatment due to an accident, or at the end of treatment when retaining appliances are placed, if they are broken or lost due to negligence.

There is no way of knowing the length of time it will require to complete a case. Some teeth move faster than others and some cases are more complicated than others.

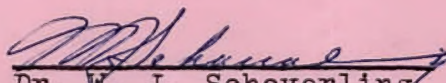
We examine the teeth very carefully for cavities, chart same, and give the chart to the patient, however, we cannot be held responsible for cavities. **Jeff** should see **his** general dentist at least every six months for an examination.

He must wear the appliance, follow all of my instructions, keep **his** appointments and take good care of **his** teeth as to proper cleaning, especially before retiring. I must ask for the cooperation of both patient and parents in order to obtain the desired results.

Please acknowledge receipt of this memorandum with your signature in the space provided on pink copy and return for our files.

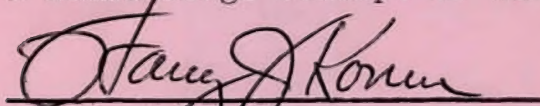
If there are any further questions regarding the case, please feel free to contact me.

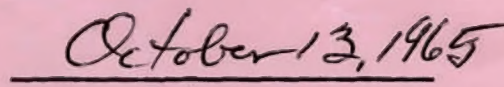
Sincerely,


Dr. W. J. Schoverling

WJS/w

I acknowledge receipt of the above memorandum.


Signature of Parent


Date

W. J. SCHOVERLING, D.D.S.
 PRACTICE LIMITED TO ORTHODONTICS
 3931 ESSEX LANE — 621-3155
 HOUSTON, TEXAS 77027

5-5-70 19

Please take _____ to your dentist and have the teeth indicated below extracted.

Jeff H...



Wm. H. ...
...

DANIEL GORDON WALKER, D.D.S., M.D.

Oral and Maxillofacial Surgery
1223 HERMANN PROFESSIONAL BLDG.
HOUSTON, TEXAS 77025

June 19, 1970

Dr. W. J. Schoverling
3931 Essex Lane
Houston, Texas 77027

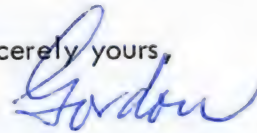
Dear Dub:

Thank you very much for referring Jeff Konen to me for removal of four impacted third molars. This procedure was carried out at the Methodist Hospital under general anesthesia on June 6, 1970. His postoperative course has been uncomplicated and I dismissed him to return to you for continued orthodontic care on June 17, 1970.

Thank you again for permitting me to work with you on this nice patient.

With kindest personal regards, I am

Sincerely yours,



Daniel Gordon Walker, D.D.S., M.D.

Dr. Schoverling

DANIEL GORDON WALKER, D.D.S., M.D., M.Sc.
Oral and Maxillofacial Surgery

1223 HERMANN PROFESSIONAL BLDG.
HOUSTON, TEXAS 77025

Telephone JA. 6-1529

DEAR

Dub

THANK YOU FOR REFERRING

Jeff Konen

REGARDING

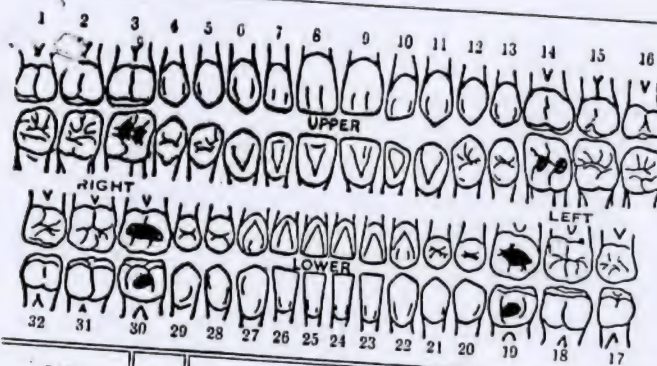
Dr. 3rd molar

REMARKS

*Will do just as
soon as he graduates -*

SINCERELY YOURS

Gordon



Name Koren, Jeff
 Address 8635 Glen Haven
 Telephone 3118 Underwood
 Reference H. J.
 Estimate

DATE	NO.	DESCRIPTION	TIME	DEBIT	CREDIT		
					DATE	AMOUNT	BALANCE
1-28-58		#24 ¹ / ₂ , #25 ¹ / ₂ - Ext		6 00			
12-5-58		#20 ¹ / ₂ - O - Am		8 00			6 00
8-25-59		Prophy laxis		5 00	1-19-59	14 00	14 00
		#29 ¹ / ₂ - O - Am		8 00			
11-1-60		#3-02 - am		6 00	9-2-59	13 00	13 00
		#14-02 - am		6 00			

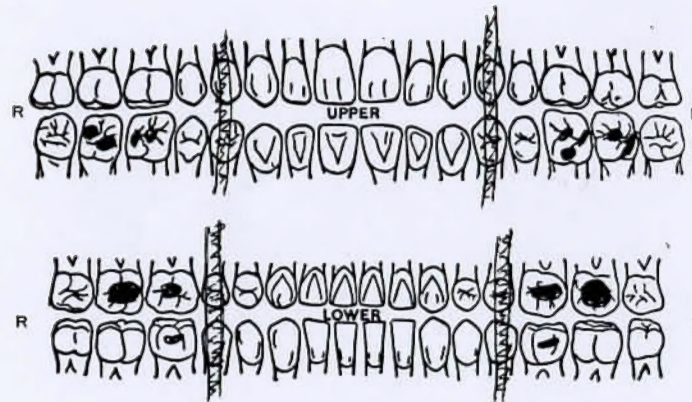
THE KOHLHAAS CO., CHICAGO

IN REORDERING SPECIFY "FORM 0020 NUMBERED NOT PUNCHED"

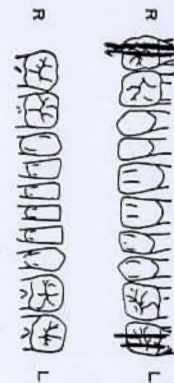
DATE	NO.	DESCRIPTION	TIME	DEBIT	CREDIT		
					DATE	AMOUNT	BALANCE
		Prophy larsi		5 00			17 00
7-27-62		Prophy larsi		6 00	12-8-60	17 10	—
7-30-62					8-21-62	6 00	6 00
12-24-62		Freneectomy		25 00			25 00
12-28-62					1-18-63	25 00	—
7-18-63		Prophy larsi		6 00			6 00
7-29-63		#19-0+E-am		10 00			
		#30-0+E-am		10 00			26 00
8-29-63					9-14-63	26 00	—
9-28-63							
10-4-63		1 X-ray		3 00			3 00
10-29-63					11-13-63	3 00	—
7-22-64		Prophy larsi		7 00			7 00
7-27-64							

THE KOHLHAAS CO., CHICAGO

IN REORDERING SPECIFY "FORM 0020 NUMBERED NOT PUNCHED"



DECIDUOUS



ESTIMATE

REFERENCE

NAME

Jeff Koren

PHONE

ADDRESS

3118 Underwood.

DATE	NO.	DESCRIPTION	TIME	DEBIT	CREDIT		
					DATE	AMOUNT	BALANCE
8-5-64		#12, #10 1/2 ext.		10°			17°
					8-17-64	8°	9°
8-26-64	St.				9-9-64	9°	-
8-2-65		Prophylaxis		7°			
		#2 0, am		6°			
		#15, 0, am		6°			19°
8-6-65		#5, #12, #20, #29, Ext		40°			59°
8-26-65	St.				9-16-65	59°	-
6-28-65		Oral Exam		3°			3°
7-15-66					7-25-66	3°	-
6-9-67		#38, 0, am c Anes + dyed		10°			10°
					7-10-67	10°	-

THE KOHLHAAS CO., CHICAGO

IN REORDERING SPECIFY FORM 0022 NOT PUNC

Name Konen, Jeff Age _____ Date _____ Case No. Rel
 Parents H. J. Konen
 Business Addr. _____ Phone _____
 Residence 3118 Underwood Phone 215-1000
 Dentist Dr. Stovall M.D. _____
 Reference _____ School _____

BAND RECORD

UL	UR
7 6 5 4 3 2 1	1 2 3 4 5 6 7
7 6 5 4 3 2 1	1 2 3 4 5 6 7
LL	LR
7 6 5 4 3 2 1	1 2 3 4 5 6 7
7 6 5 4 3 2 1	1 2 3 4 5 6 7
LL	LR

CASE ANALYSIS

1. Med. line _____
2. X-ray F.M. _____ H. P. _____
3. Photos _____ Class _____
4. Overbite _____ Openbite _____

Prognosis _____ Etiology _____

TREATMENT OUTLINE

5-22-68 XRAYs RETURNED TO FILES
 Mx. _____

Ma. 9/14 10/21
 9/23
 9/30
 10/7
 10/14

NOTES

4/2
 5 R.M. 446

Ledger Sheet

TREATMENT RECORD

DATE		DATE	
9-14	Broken S.C.		
9-23	5 HX + 3 Lp		3 HX Bands
9-30	Imp. fac. Upper + Lower Bands		C 64/146
10-7	C 65/146		C 65/146 3 HX Bands
10-14	C 65/146 3 HX Bands		C 32/123 3 HX Bands
10-21	C 32/123 3 HX Bands		018 H7L
	016 L	11-18	
11-18	C 18/14 L	12-23	019 x 026 L 6 Lend.
12-23	019 x 026 L 6 L end	1-20	019 x 026 L 6 L end
1966		2-9	019 x 026 L 6 L end
1-20	act loops	3-4	act loops. 1st into 12
2-9	C upper bands 0140. act loops	3-18	016 H7 upper
3-4	act loops + Brackets	4-15	018 H7 upper
3-18	016 H7 upper act loops	5-7	018 H7 upper
4-15	016 H7 upper act loops	5-31	019 x 026 upper loops
5-5	act loops	6-24	act loops - 1st loop
5-31	019 x 026 upper 1st end	7-15	act loops - 1st loop
6-24	act loops	8-12	act loops
7-15	act loops	9-1	act loops
8-12	act loops	9-29	shift band to Rt. act loops
9-1	act loops	10-27	shorten upper act loops
9-29	act loops	11-22	act loops
10-27	act loops	12-13	act loops
11-22	act loops	1-10	act loops
12-13	act loops		
1967			
1-11	019 x 026 1 L end	2-8	act loops
2-8	act loops	3-22	act loops
3-22	act loops	4-21	019 x 026 upper act loops
4-21	act loops	5-9	act loops
5-9	act loops	6-7	act loops
6-7	act loops	6-23	act loops

TREATMENT RECORD

DATE		DATE	
6-38	Broken - Cerebra	7-13	
7-13	act. lamp 3.12	8-9	BTC 717 Change became
8-9	B-C-TH 9.00 to 0.42		act. 0.14 lamp
8-30	016HTL	8-31	016HTL act. lamp
9-22	018HTL RWy 31	9-22	018HTL
10-25	020HTL	10-25	020HTL
12-1	018x 026	12-1	018x 026
12-21	018HTL RWy on 31	12-21	018HTL 4.3 - to back lamp
1-18	018HTL	1-18	018HTL
1-24	018HTL	1-24	018HTL
2-21	018HTL	2-21	018HTL
3-19	018HTL	3-19	018HTL
4-9	018HTL	4-9	018HTL
5-21	018HTL	5-21	018HTL
5-24	018HTL	5-24	018HTL
6-13	018HTL	6-13	018HTL
7-13	018HTL	7-13	018HTL
7-16	018HTL	7-16	018HTL
8-12	018HTL	8-12	018HTL
10-15	018HTL	10-15	018HTL
4-25	018HTL	4-25	018HTL
7-2	018HTL	7-2	018HTL
7-9	018HTL	7-9	018HTL
10-24	018HTL	10-24	018HTL
10-31	018HTL	10-31	018HTL
10-70	018HTL	10-70	018HTL
4-21	018HTL	4-21	018HTL
4-28	018HTL	4-28	018HTL
5-1	018HTL	5-1	018HTL
5-13	018HTL	5-13	018HTL
6/12/70	018HTL	6/12/70	018HTL